

Appendix 8 • CDA Waiver Referral

State of California—Health and Human Services Agency		Department of Health Services Medi-Cal Program							
CALIFORNIA DEPARTMENT OF AGING (CDA) WAIVER REFERRAL		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="2" style="text-align: center; font-size: small;">COUNTY USE ONLY</th></tr><tr><td style="width: 50%; font-size: x-small;">Case name</td><td style="width: 50%; font-size: x-small;">Case number</td></tr><tr><td style="font-size: x-small;">Worker name</td><td style="font-size: x-small;">Worker number</td></tr></table>		COUNTY USE ONLY		Case name	Case number	Worker name	Worker number
COUNTY USE ONLY									
Case name	Case number								
Worker name	Worker number								
Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.									
Name of applicant: _____									
Address (number, street)		City	State ZIP code						
Social security number		Date of birth	Telephone ()						
Guardian (if applicable): _____									
Address of guardian (if different) (number, street)		City	State ZIP code						
Status									
<input type="checkbox"/> New Medi-Cal applicant.									
<input type="checkbox"/> Currently receives Medi-Cal with a share-of-cost.									
Living Arrangement									
<input type="checkbox"/> The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge: _____									
<input type="checkbox"/> The applicant is currently living in the home.									
<input type="checkbox"/> Other: _____									
Eligibility Determination									
If applicant/beneficiary is living or will live at home with his/her spouse and is properly eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is properly eligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.									
<i>This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.</i>									
Signature of MSSP site contact person _____									
➤									
Printed name of MSSP site contact person		Title	Telephone ()						
MSSP site address (number, street)		City	State ZIP code						
NOTE TO COUNTY: Please send a copy of the Notice of Action to the MSSP site when the determination is completed.									
White: County Copy		Yellow: MSSP Site Copy							
MC 364 (12/02)									

Available from the Department of Health Care Services at:
<http://www.dhcs.ca.gov/formsandpubs/forms.Forms/pdf/mc364.pdf>